

41ST MEETING
OF THE
MARYLAND HEALTH CARE COMMISSION

Thursday, December 19, 2002
Minutes

Chairman Wilson called the meeting to order at 1:04 p.m.

Commissioners present: Alcoreza, Beasley, Chase, Etheredge, Ginsburg, Jensen, Malouf, and Row.

Approval of Minutes

Commissioner Walter Chase made a motion to approve the Minutes of the November 26, 2002 and the December 10, 2002 meetings of the Commission, which was seconded by Commissioner Evelyn Beasley, and unanimously approved.

ITEM 2.

Update on Commission Activities

- Data Systems and Analysis
- Health Resources
- Performance and Benefits

Ben Steffen, Deputy Director of Data Systems and Analysis, said that the Commissioners had been given a draft copy of a *Spotlight on EDI*; that the deadline for the Long Term Care Survey had been extended to December 26, 2002; and introduced Irene Battalen, a health policy analyst, recently hired for EDI and HIPAA. For the remainder of the activities of his division, Mr. Steffen referred the Commissioners to the Data Systems and Analysis section of the *Update of Activities*.

Pamela Barclay, Deputy Director of Health Resources, announced that the next meeting of the Interventional Cardiovascular subcommittee had been changed from December 23, 2002 to January 27, 2003. For further information regarding the activities of her division, she referred the Commissioners to the Health Resources section of the *Update of Activities*.

Enrique Martinez-Vidal, Deputy Director of Performance and Benefits, announced that a national coalition of health care organizations, including the American Hospital Association (AHA), the American Association of Medical Colleges (AAMC), the Federal of American Hospitals (FAH), the National Quality Forum (NQF) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) announced a voluntary initiative that will encourage every hospital in the country to collect and publicly report quality information. The “starter set” of measures will be drawn from JCAHO’s Core Measure Sets for Acute Myocardial Infarction (AMI), Congestive Heart Failure (CHF), and Community-Acquired Pneumonia (CAP). Initially, Maryland hospitals will be able to report measures from two of the areas (the CHF and the CAP measures that are already being collected) but will be strongly encouraged to report on all three measures as soon as possible. In addition, CMS has announced its plans for public reporting of hospital performance (the National Hospital Public Reporting Pilot Project), which is separate from, but will support and inform the national voluntary initiative. Maryland, Arizona, and New York have been chosen as the three pilot states and the Delmarva Foundation for Medical Care has been awarded the contract to serve as the coordinating

(lead) entity for this pilot project. The Commission's Hospital Performance Guide Steering Committee has reviewed the information for the pilot project and has tentatively agreed to serve as the advisory board for the project. The specific activities to be conducted in Maryland can be grouped into three areas: (1) reporting of the JCAHO/CMS Core Measure Sets; (2) participation in the Agency for Health Care Research and Quality (AHRQ) patient experience survey; and (3) the development of additional measures from other measure sets (such as the NQF-developed measures) and data sources. Mr. Martinez-Vidal introduced Brooke Courtney, a recently hired Health Policy Analyst for Legislative and Special Projects, to the Commission. He referred the Commissioners to the Performance and Benefits section of the *Update of Activities* for further information on the status of his division's projects. Copies of the *Update* were available on the documents table and on the Commission's website at: <http://www.mhcc.state.md.us/mhccinfo/cmsnmtgs/updates/>.

ITEM 3.

CERTIFICATION OF ELECTRONIC HEALTH NETWORK (EHN): MediFAX Corporation

Chairman Wilson said that the Commission continues to expand the number of electronic health care networks that are certified. David Sharp, Chief of EDI Programs and Payer Information Systems, presented information and requested that the Commission approve the certification of MediFAX Corporation as an electronic health network. Commissioner Constance Row made a motion to approve the certification, which was seconded by Commissioner Lynn Etheredge, and unanimously approved.

ACTION: MediFAX Corporation is hereby APPROVED as an electronic health network.

ITEM 4.

FINAL ACTION: HMO Quality and Performance — Requirements for Reporting for Commercial HMOs in 2003 & 2004

Chairman Wilson said that Joyce Burton, Acting Chief for HMO Quality and Performance, and Mr. Martinez-Vidal would present comments received regarding the proposed reporting requirements. Ms. Burton said that the Commission received comments from plans regarding their inability to differentiate after hours visits from day time visits for Urgent Care/After Hours Clinical Services. Staff recommended that the Commission modify the performance measure to require reporting on quickly accessible care versus Emergency Room care. For those plans that contract with urgent care facilities, plans will report on hours of availability and the total number of urgent care visits. Following discussion, Chairman Wilson noted that in response to the Commissioners' questions regarding this matter last year, the Commission initiated an ongoing project regarding the reasons for patients' visits to emergency rooms. Barbara McLean, Executive Director of the Commission, added that the Project Hope Center for Health Affairs is presently studying this matter. Ms. Burton said that data are also collected through the HEDIS measures. Ms. Burton said that three plans opposed the elimination of NCAQ-permitted rotation of designated performance measures due to the additional costs of annually collecting the data. Staff recommended reverting back to allowing rotated measures. Commissioner Row made a motion that the HMO Quality and Performance — Requirements for Reporting for Commercial HMOs in 2003 & 2004, as amended, be approved, which was seconded by Commissioner Lenys Alcoreza, and unanimously approved.

ACTION: HMO Quality and Performance — Requirements for Reporting for Commercial HMOs in 2003 & 2004 are hereby APPROVED.

ITEM 5.

ACTION ITEM: Report on Mandated Health Insurance Services

Chairman Wilson said that last month the annual assessment of proposed mandated benefits was presented for public comment. The report is due to the Maryland General Assembly on January 1, 2003. Mr. Martinez-Vidal reviewed the comments received. The Maryland Chamber of Commerce recommended that the Commission strongly urge a study of the cost of all mandates. Similar comments were received from the Maryland Agency Financial Group and the National Federation of Independent Businesses. Staff recommended that the legislature remove the requirement for a study of the cost of all mandates and, instead, require a study comparing the Maryland mandates to those required by other states. Following discussion, Ms. McLean said that the most value would be derived from looking at all benefits as a group in determining decision-making criteria. Consensus was that the Commission would recommend a study to look at the overall structural analysis of total premium. Commissioner Row made a motion that the Commission approve the report with the modification discussed, which was seconded by Commissioner Etheredge, and unanimously approved.

ACTION: the Report on Mandated Health Insurance Services, as revised, is hereby APPROVED.

ITEM 6.

ACTION ITEM: Patient Safety Report

Chairman Wilson said that in the 2001 session of the Maryland General Assembly, legislation was passed requiring MHCC, in collaboration with the Department of Health and Mental Hygiene, to develop a patient safety plan for Maryland to reduce preventable adverse events. Last year, the Commission reviewed the interim progress report on this plan. Mr. Martinez-Vidal presented a summary of the comments received from members of the Maryland Patient Safety Coalition, a group of providers, consumers, boards, and professional associations, on the final report to the Maryland General Assembly. The final report finds that the system needs to be geared toward systems' change and not regulatory reporting. The state can directly affect patient safety through the Certificate of Need program, through performance reporting, and through the Health Services Cost Review Commission (HSCRC) granting hospital rate allowances for patient safety related improvements. The report recommends the development of a Maryland Patient Safety Center, prioritization of promoting systemic changes, and revision of hospital regulations. Mr. Martinez-Vidal thanked staff members Kristen Helfer-Koester and Brooke Courtney, as well as the coalition members, for the enormous amount of work they did on this project. Following discussion, Vice Chairman George Malouf made a motion to approve the *Final Report on Patient Safety* with modifications discussed, which was seconded by Commissioner Larry Ginsburg, and unanimously approved.

ACTION: the *Final Report on Patient Safety*, as revised, is hereby APPROVED.

ITEM 7.

PRESENTATION: 2003 Legislative Session

Chairman Wilson said that the 2003 session of the Maryland General Assembly begins January 8th. There will be new committee chairs, many new senators and delegates, and a new health committee in the House. Mr. Martinez-Vidal updated the Commission on anticipated legislation. Ms. McLean reviewed the Commission's procedures for taking positions on proposed bills.

ITEM 8.

Hearing and Meeting Schedule

Chairman Wilson announced that the next scheduled meeting of the Maryland Health Care Commission will be on Thursday, January 16, 2003 at 4160 Patterson Avenue, Room 100, in Baltimore, Maryland at 1:00 p.m. The Hearing and Meetings Schedule was available at the documents table as well as on the Commission's website.

ITEM 9.

Adjournment

There being no further business, the meeting was adjourned at 2:25 p.m. upon motion of Commissioner Etheredge, which was seconded by Commissioner Ginsburg, and unanimously approved by the Commissioners.